

STUDENT HEALTH INSURANCE PLAN

Designed for the Students of

UNIVERSITY OF DELAWARE
Newark, Delaware 19716-8101

Dare to be first.



2013-2014

Underwritten by:

Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-001-0711

Effective: August 15, 2013 to August 15, 2014

Group Number: S204197

NOTICE: Your Student Health Insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar

limits for health insurance plans other than Student Health Insurance coverage for the 2013/2014 policy year. Minimum restrictions for policy year dollar limits for Student Health Insurance coverage are \$500,000 for the 2013/2014 policy year. Your Student Health Insurance coverage has a policy year limit of \$2,000,000. Be advised that you may be eligible for coverage under your parents' plan if you are under the age of 26. If you have any questions or concerns about this notice, contact Consolidated Health Plans at 800-633-7867.

Benefit Enhancements

New for the 2013 – 2014 School Year

- Increased policy maximum benefit.

July 2013

Dear Students and Parents/Guardians:

Expenses for medical and psychological services beyond those provided on campus, including referrals by the campus services, are the personal responsibility of the student. This is the case even if the expense results from University-sponsored programs such as physical education, field or clinical experiences, and intramural or recreational activities.

Such expenses can affect a student's ability to continue his/her education. Therefore, the importance of having some form of insurance cannot be overemphasized.

This brochure outlines the benefits offered in the Student Health Insurance Plan (SHIP) underwritten by Nationwide Life Insurance Company. The plan provides substantial benefits for Covered Medical Expenses at a reasonable cost.

Beginning with the 2013-14 policy year, the following matriculated students will be required to either purchase the SHIP or complete an online Waiver Form providing details about the other comparable insurance under which they are covered:

- Undergraduate students registered for 12+ credits;
- Contracted graduate students;
- Non-contracted graduate students registered for 9+ credits; and
- Registered international students on F1 or J1 visas.

Students whose Fall 2013 status is described above who have other comparable coverage and do not want to purchase the SHIP need to submit a Waiver Form online at www.universityhealthplans.com by September 10, 2013. Other matriculated students and postdoctoral fellows may purchase the SHIP on a voluntary basis during various open enrollment periods. All students and postdoctoral fellows enrolled in the SHIP may also enroll their eligible dependents by the applicable deadline.

We urge you to evaluate this Plan, not only based upon the absence of other insurance coverage, but as an important Delaware medical community based supplement to existing

insurance coverage. Although many students are adequately covered when in the area of their home by their parents' plans, similar coverage in another area or state cannot be assumed. If you/your student are/is currently covered by an insurance plan, please have a discussion with your insurance provider regarding differences in your benefits or covered services when in the Newark, Delaware, area.

This brochure provides information about the SHIP premium, terms of coverage, covered benefits, enrollment procedures, and limitations and exclusions. For further details, please refer to information available at www.universityhealthplans.com or contact University Health Plans at info@univhealthplans.com or (800) 437-6448.

Sincerely,

Gary H. Stokes, CPCU, ARM, AMIM
Director of Risk Management
University of Delaware

STUDENT HEALTH INSURANCE PLAN

INTRODUCTION

This is a brief description of the Student Health Insurance Plan (SHIP) available for University of Delaware (UD) students. The Plan is underwritten by Nationwide Life Insurance Company. The exact provisions governing this insurance are contained in the master policy (referred to below as "the Policy") issued to the University and may be viewed at the University's Risk Management Office during business hours. The Policy shall control in the event of any conflict between this brochure and the Policy.

ELIGIBILITY

All matriculated students and all Postdoctoral Fellows (Post Docs) are eligible to purchase the SHIP. Depending on the person's status, they may either: (1) be required to buy the SHIP or show proof of other coverage; or (2) be able to buy the SHIP on a voluntary basis. Each eligible person is classified as one of the following:

- Mandatory Student
- Voluntary Student
- Postdoctoral Fellow
- Dependent

Please refer to the appropriate section in this brochure for definitions of each classification, details on the enrollment process (and waiver process, if applicable), and deadlines. Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased unless they would have been eligible to attend classes for thirty-one (31) days and were prevented from attending due to a Sickness or Injury. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium, minus any claims paid.

MANDATORY STUDENTS

Students defined as "mandatory" are required to have comparable health insurance while attending at the University. As such, these students are automatically charged for the SHIP each semester. Mandatory students who have other comparable coverage may submit an online Waiver Form by the applicable deadline to show

proof of their other coverage, thereby opting out of the SHIP for that entire policy year.

The following students are defined as Mandatory:

- Undergraduate students registered for 12+ credits;
- Contracted graduate students;
- Non-contracted graduate students registered for 9+ credits; and
- Registered international students on F1 and J1 visas.

FALL 2013 MANDATORY STUDENTS

Students who are considered Mandatory for the Fall 2013 Semester are given access to both an online Waiver Form and Enrollment Form on www.universityhealthplans.com during the summer through the deadline of September 10, 2013.

Mandatory Student Waiver Form: Fall 2013

By submitting the Mandatory Student Waiver Form, the student is opting out of the SHIP for the entire policy year (i.e. 8/15/13-8/14/14). If the student's other coverage terminates during that same policy year, they may be eligible to enroll in the SHIP. Refer to the "Qualifying Event Enrollments" section for more details.

Mandatory Student Enrollment Form: Fall 2013

By submitting the Mandatory Student Enrollment Form, the student is confirming that they want to be enrolled in the SHIP for Fall 2013 and Spring 2014 (assuming they remain "Mandatory" in Spring 2014). This expedites the enrollment process.

Mandatory Student Non-Responders: Fall 2013

All Fall 2013 Mandatory Students who do not submit a Waiver Form will be automatically enrolled in the SHIP after the Waiver Form deadline with coverage going back to 8/15/13. These students will be responsible for paying the Fall 2013 and Spring 2014 SHIP premiums charged to their student accounts (assuming they remain "Mandatory" in Spring 2014) and will be enrolled in the SHIP for the full policy year (i.e. 8/15/13-8/14/14).

Status Change in Spring 2014

Mandatory Students who are enrolled in the SHIP during the Fall 2013 semester and are no longer considered Mandatory in the Spring 2014 (due to fall graduation or change in registration status for the new semester) will be terminated from coverage at 12:01 A.M. on 2/1/14. Students whose Spring 2014 registration defines them as “Voluntary” may enroll on a voluntary basis through UHP. Refer to the “Voluntary Students” section for enrollment instructions.

SPRING 2014 MANDATORY STUDENTS

Students who were not considered Mandatory (or were not eligible at all) for the Fall 2013 Semester but are considered Mandatory for Spring 2014 are given access to both an online Waiver Form and Enrollment Form on www.universityhealthplans.com during the winter through the deadline of February 24, 2014.

Mandatory Student Waiver Form: Spring 2014

By submitting the Mandatory Student Waiver Form, the student is opting out of the SHIP for the Spring 2014 Semester (i.e. 2/1/14-8/14/14). If the student’s other coverage terminates during that same policy year, they may be eligible to enroll in the SHIP. Refer to the “Qualifying Event Enrollments” section for more details.

Mandatory Student Enrollment Form: Spring 2014

By submitting a Mandatory Student Enrollment Form, the student is confirming that they want to be enrolled in the SHIP for Spring 2014. This expedites the enrollment process.

Mandatory Student Non-Responders: Spring 2014

New Spring 2014 Mandatory Students who do not submit a Waiver Form will be automatically enrolled in the SHIP after the Waiver Form deadline with coverage going back to 2/1/14. These students will be responsible for paying the Spring 2014 SHIP premiums charged to their student accounts and will be enrolled in the SHIP for the spring semester (i.e. 2/1/14-8/14/14).

VOLUNTARY STUDENTS

Students defined as “voluntary” are given opportunities to purchase the SHIP on a voluntary basis. These students must submit a Voluntary Student Enrollment Form and pay UHP directly by credit card online or check/money order through the mail.

The following students are defined as Voluntary:

- **Domestic students who are:**
 - Undergraduates registered for less than 12 credits; or
 - Non-contracted graduate students registered for less than 9 credits.
- **Non-F1/J1 visa holders who are:**
 - Undergraduates registered for less than 12 credits; or
 - Non-contracted graduate students registered for less than 9 credits.

VOLUNTARY STUDENT ENROLLMENT PERIODS

Voluntary students will be given the following opportunities to enroll. The online (credit card) Enrollment Form will become available approximately one month prior to the start date of the Coverage Period. The paper (check/money order) Enrollment Form will be available to print throughout the policy year.

Coverage Period	First Deadline*	Final Deadline**
8/15/13-8/14/14	9/14/13	9/30/13
1/1/14-8/14/14	1/14/14	1/31/14
2/1/14-8/14/14	2/14/14	2/28/14
6/1/14-8/14/14	6/14/14	6/30/14
7/1/14-8/14/14	7/14/14	7/31/14
* First Deadline: To have a plan that is in effect for the full “Coverage Period”, UHP must receive the proper enrollment form and full payment on or before the date indicated in the table.		
** Final Deadline: If both the proper enrollment form and full payment are received after the First Deadline but before the end of the Final Deadline date, the plan will only be effective as of the date the enrollment form and payment are received by UHP.		

Coverage Termination Date

Eligible Voluntary Students who purchase the SHIP will remain enrolled in the SHIP through the end of the coverage period purchased. A change in student status

that occurs after the 31st day following the first day of class during the purchased Coverage Period will have no effect on the termination date of the Voluntary Student’s SHIP.

POSTDOCTORAL FELLOWS (POST DOCS)

Post Docs with an active contract are given opportunities to purchase the SHIP on a voluntary basis. Post Docs must submit a Postdoctoral Fellows Enrollment Form and pay UHP by credit card online or check/money order through the mail.

POST DOC OPEN ENROLLMENT PERIODS

Post Docs will be given the following opportunities to enroll. The paper (check or money order) Enrollment Form will be available to print throughout the policy year. The online (credit card) Enrollment Form will be available for a short period of time prior to the Final Deadline.

Coverage Period	First Deadline*	Final Deadline**
8/15/13-8/14/14	9/14/13	9/30/14
2/1/14-8/14/14	2/14/14	2/28/14
* First Deadline: To have a plan that is in effect for the full “Coverage Period”, UHP must receive the proper enrollment form and full payment on or before the date indicated in the table.		
** Final Deadline: If both the proper enrollment form and full payment are received after the First Deadline but before the end of the Final Deadline date, the plan will only be effective as of the date the enrollment form and payment are received by UHP.		

Coverage Termination Date

Eligible Post Docs who purchase the SHIP will remain enrolled in the SHIP through the end of the policy year (8/14/14). A change in Post Doc status that occurs after the 31st day of coverage will have no effect on the termination date of the Post Doc’s SHIP.

DEPENDENTS

All students and Post Docs who have purchased the SHIP may also purchase coverage for their eligible dependents. Those who wish to enroll dependents must do so at the start of the policy year when the student or post doc is first enrolled in the SHIP or within thirty-one (31) days of a qualifying event (see “Qualifying Event Enrollment

Information” section for details). All dependent premiums are paid to UHP and are not charged to students’ accounts.

ELIGIBLE DEPENDENTS

Eligible dependents are thoroughly explained in the “Definitions” section of this brochure and include: legally married spouse, civil union partner, and child(ren) under the age of 26.

ENROLLMENT PERIODS

The online (credit card) Enrollment Form will become available at least one month prior to the start date of the Coverage Period. The paper (check/money order) Enrollment Form will be available to print throughout the policy year.

Dependent Enrollment Periods: Mandatory Students		
Coverage Period	Final Deadline	Open to eligible dependents of:
8/15/13-8/14/14	9/30/13	Mandatory Students who are enrolled in the SHIP for the Fall 2013 Semester.
2/1/14-8/14/14	2/28/14	Mandatory Students who are enrolled in the SHIP for the Spring 2014 and were not enrolled for Fall 2013.

Dependent Enrollment Periods: Post Docs		
Coverage Period	Final Deadline	Open to eligible dependents of:
8/15/13-8/14/14	9/30/13	Post Docs who are enrolled in the SHIP for the full 2013-14 Policy Year.
2/1/14-8/14/14	2/28/14	Post Docs who are enrolled in the SHIP for Spring 2014 (February SHIP Start).

Dependent Enrollment Periods: Voluntary Students		
Coverage Period	Final Deadline	Open to eligible dependents of:
8/15/13-8/14/14	9/30/13	Voluntary Students who are enrolled in the SHIP for the full 2013-14 Policy Year.

1/1/14-8/14/14	1/31/14	Voluntary Students who are enrolled in the SHIP for Spring 2014 (January SHIP Start) and were not enrolled for Fall 2013.
2/1/14-8/14/14	2/28/14	Voluntary Students who are enrolled in the SHIP for Spring 2014 (February SHIP Start) and were not enrolled for Fall 2013.
6/1/14-8/14/14	6/30/14	Voluntary Students (including new early start Mandatory Students) who are enrolled in the SHIP for Summer 2014 (June SHIP Start) and were not enrolled for Fall 2013 or Spring 2014
7/1/14-8/14/14	7/31/14	Voluntary Students (including new early start Mandatory Students) who are enrolled in the SHIP for Summer 2014 (July SHIP Start) and were not enrolled for Fall 2013 or Spring 2014.

QUALIFYING EVENT ENROLLMENTS

All Mandatory Students, Voluntary Students and Post Docs may enroll in the SHIP within thirty-one (31) days of a loss of other coverage. Additionally Post Docs may enroll within thirty-one (31) days of the start date of their postdoctoral position. Any of these students and Post Docs may enroll their eligible dependents as part of their new enrollment.

All Mandatory Students, Voluntary Students and Post Docs who have already purchased the SHIP may add a dependent that has experienced an eligible qualifying event within thirty-one (31) days of that event. Eligible qualifying events for a dependent are: (1) spouse, civil union partner, or child’s loss of other coverage; (2) spouse, civil union partner, or child’s entry into U.S.; (3) spouse’s marriage to the student or Post Doc; (4) establishment of civil union with the student or Post Doc; or (5) child’s birth or official adoption.

Newborns of covered female enrollees will be automatically covered for the first thirty-one (31) days after birth. Coverage will cease after such thirty-one (31) days unless the additional enrollment premium is received by UHP within thirty (31) days of the birth.

Under no circumstances will enrollment due to a qualifying event be allowed if the request for coverage and/or event documentation is received after thirty-one (31) days following the event.

Contact UHP at info@univhealthplans.com or 800-437-6448 for details and instructions for enrolling with a qualifying event. A Qualifying Event Enrollment Form and appropriate premium amounts can only be obtained by contacting UHP.

MEDICAL LEAVE OF ABSENCE (MLOA)

Students who take an official Medical Leave of Absence from the University may be allowed to purchase the SHIP for one semester immediately following the official date of the leave. Contact UHP at info@univhealthplans.com or 800-437-6448 to discuss whether you are eligible for the MLOA enrollment. A Medical Leave of Absence Enrollment Form, appropriate premium amount, instructions, and applicable deadline can only be obtained by contacting UHP.

TERM OF COVERAGE

The "Policy term" begins at 12:01 AM on 8/15/13 and ends at 12:01 AM on 8/15/14. Coverage for Insured Persons begins at 12:01 AM on the latest of the following dates: a) the first day of the "Coverage Term" selected when a signed enrollment form and premium payment are received by the Company (or authorized representative) within fourteen (14) days from such date, or b) the date a signed enrollment form and premium payment are received by the insurance company (or authorized representative), if later. Coverage for Insured Dependents will begin and end on the same dates as that applicable for students.

If an Insured Student or Insured Dependent spouse, including a same-sex civil union partner, gives birth to a child while coverage is in effect for such student or spouse, coverage for that child will be provided for Injury or

Sickness, including medically diagnosed congenital defects and birth abnormalities, as well as routine care furnished for an infant, for thirty-one (31) days from the moment of birth. This coverage will cease at the end of the thirty-one (31) day period if enrollment and "due" premium payment for the child have not been received.

Coverage will terminate at 12:01 a.m. standard time at the Covered Person's residence on the earliest of:

- The termination date of the Policy;
- The date the Insured ceases to be an Eligible Person;
- The last day of the term of Coverage for which Premium is paid;
- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined;
- The date a Covered Person enters full time active military service. Upon written request within ninety (90) days of leaving school, We will refund the unearned pro-rata Premium to such person upon request.

Handicapped Dependent child who is not capable of supporting himself or herself due to mental retardation or physical handicap will be continued beyond the age at which Coverage would otherwise have terminated if:

1. The Dependent child became incapacitated prior to the age at which Coverage would otherwise have terminated; and
2. The Dependent child is primarily Dependent on the Eligible Person for support and maintenance; and
3. Proof of such incapacity and dependence is given to Us by a Doctor within thirty-one (31) days of the date the child reaches the limiting age. Proof must also be given to Us annually thereafter. Failure to provide such proof within thirty-one (31) days of Our request will result in the termination of the Dependent child's Coverage under the Policy. Coverage will continue as long as the Dependent continues to be so incapacitated and Dependent, unless otherwise terminated in accordance with the terms of the Policy.

Termination is subject to the Extension of Benefits provision.

WITHDRAWAL

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium, minus any claims paid, will be made. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid and no refund will be available. Insured Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro rata refund of premium will be made for such person upon written request received by the Company within ninety (90) days of withdrawal from school.

REFUND OF PREMIUM

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. No other refund will be allowed.

TERMINATION OF INSURANCE

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Insured. No benefits are payable for expenses incurred after the date the insurance terminates for the insured, except as may be provided under the Extension of Benefits.

EXTENSION OF BENEFITS

If, as a result of Injury or Sickness, an Insured is confined to a hospital on the date his or her insurance terminates, expenses incurred after such termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the thirty-one (31) day period following such termination of insurance.

COMPREHENSIVE MAJOR MEDICAL BENEFITS

The Maximum Benefit payable shall be \$2,000,000 per Policy Year. The payment percentage for Covered Medical Expenses is 80% of Reasonable and Customary Charges until \$2,000 in covered charges has been paid, then 100% of Reasonable and Customary Charges until the Maximum Benefit is paid.

After satisfying a deductible of \$50 per Injury or Sickness (see section on "Waiver of Deductible"), payment shall be made for Covered Medical Expenses incurred during the term insured. Covered Medical Expenses are those expenses for:

- Hospital room and board and general nursing care while Hospital Confined, up to the semi-private room rate or Intensive Care unit rate, if applicable;
- Miscellaneous Hospital expense incurred while Hospital Confined;
- Outpatient Hospital Services, including Birthing Centers;
- Inpatient and Outpatient Physician visits and consultations;
- Inpatient and Outpatient Services of an advanced registered nurse and midwife;
- Inpatient and Outpatient services of a surgeon;
- Anesthesia;
- Emergency services;
- X-ray and laboratory services;
- Emergency ambulance services;
- Treatment for mental or nervous disorders;
- Prescription Drugs (generic contraceptives are not subject to cost-sharing);
- Dental treatment of Injury to sound natural teeth, limited to \$200 per tooth;
- Outpatient physical therapy for Injury; and
- Outpatient physical therapy for treatment of Sickness, up to ten (10) visits.

Waiver of Deductible - The \$50 deductible shall not apply a) to covered x-ray services performed at the Student Health Service; b) to care rendered to students at the Newark Emergency Center, Christiana Hospital, or Beebe Medical Center for bonafide emergencies; c) to covered outpatient physical therapy rendered for treatment of

Sickness at the University of Delaware Physical Therapy Health Clinic; d) outpatient prescription drugs when prescribed and filled at the University of Delaware Student Health Service; and 5) Preventive/Wellness and Immunizations.

REPATRIATION EXPENSE

This benefit will cover all insured International Students and Domestic Students on authorized study abroad programs, and their insured Dependents. In the event of death of an Insured and when approved by the Company, payment will be made to prepare and ship the deceased's body to his/her home country, up to \$50,000.

MEDICAL EVACUATION EXPENSE

This benefit will cover all insured International Students and Domestic Students on authorized study abroad programs, and their insured Dependents. When an Insured is hospitalized for Injury or Sickness for five (5) days in a row, payment will be made to evacuate that person to his/her home country or another facility, if medically necessary, up to \$50,000. The attending physician and the Company must approve the evacuation. With respect to International Students, all coverage ends under the Policy once the evacuation takes place.

DEFINITIONS

"Accident" means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy.

"Creditable Coverage" means coverage under any of the following: 1) A group health plan; 2) Health insurance coverage; 3) Medicaid or Medicare; 4) A State health benefits risk pool; 5) United States Military sponsored health care; 6) Public health plan; 7) The Federal Employees Health Benefit Plan; 8) A medical care program of the Indian Health Service or of a tribal organization; and 9) A health plan under the Peace Corps Act.

"Dependent" means a person who is the Insured's:

1. Legally married spouse, including a same sex civil union partner, who is not legally separated from the Insured;
2. Child under the age of twenty-six (26); and

3. Child who is incapable of self-sustaining employment due to mental retardation or physical handicap on the date that such child's coverage would otherwise terminate under this Policy due to the attainment of the specified age limit for children and is chiefly dependent on the Insured for support and maintenance. Within thirty (31) days of such date, We must receive due proof of such incapacity in order for the Insured to continue coverage with respect to such child.

The term child refers to the Insured's:

1. Natural child;
2. Stepchild or foster child; A stepchild is a Dependent on the date the child begins permanently residing in the Insured's home; and
3. Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

"Injury" means bodily Injury caused by an Accident, which results in loss, directly and independently of all other causes. The Injury must begin while the Insured is covered under the Policy.

"Medically Necessary" means a medical service, treatment or supply: 1) Consistent with "approved and generally accepted medical, surgical or dental practice" for the covered Injury or covered Sickness of the Insured, as determined by the Company, 2) Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties, and 3) Not "experimental or investigational treatment," as determined by the Company. See the Policy for a complete definition.

"Pre-Existing Condition" means a condition for which medical advice or treatment was recommended by or received from a physician within a twelve (12) month period preceding the Insured's Effective Date of insurance.

"Reasonable and Customary Charge" means the normal charge of the provider, in the absence of insurance, 1) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or 2) for a supply which is identical or substantially equivalent. Fair Health, Inc. is used to determine Reasonable and Customary. The final determination of a Reasonable and Customary charge rests solely with the Company.

"Sickness" means illness or disease, which is the sole cause of the loss. The Sickness must manifest itself while the person is insured under the Policy. Sickness includes normal pregnancy and complications of pregnancy.

STATE MANDATED BENEFITS

The Policy covers, according to the benefit outline, the Reasonable and Customary Charges incurred for the following services, as mandated by the State of Delaware, 1) Autism; 2) Colorectal Cancer Screening; 3) Diabetes Equipment and Supplies; 4) Hearing Aids (up to age 24); 5) Immunizations for Dependent Children from Birth Through Age 18; 6) Lead Poisoning Screening; 7) Mammograms; 8) Newborn and Infant Hearing Screening; 9) Oral Anticancer Medication; 10) Orthotics and Prosthetics; 11) Outpatient Contraceptive Services, including Contraceptive Drugs and Devices; 12) Outpatient Drug Coverage for Chronic or Life-threatening Illness; 13) Ovarian Cancer Monitoring; 14) Pap Smear Test; 15) Phenylketonuria; 16) Prostate Specific Antigen Test; 17) Reconstructive Breast Surgery; 18) Reimbursement for Midwife Services; 19) Routine Patient Care Costs While Engaging in Clinical Trials for Treatment of a Life-threatening Disease; 20) Scalp Hair Prosthesis; 21) Screening of Infants and Toddlers for Developmental Delays; and 22) Treatment of Severe Mental Illness and Drug and Alcohol Dependency; the same as any other Sickness.

See the Policy for details.

Note: Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except that this exclusion shall not apply for treatment resulting from Injury to sound, natural teeth.
2. Services normally provided without charge to students who pay the Student Health Fee by the University's Health Service, Infirmary or Hospital, or by health care providers employed by the University.

3. Eyeglasses, contact lenses, including but not limited to routine eye refractions, eye exams except as in the case of Injury. Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein;
4. Hearing Screenings (except as provided herein) or hearing examinations or hearing aids and the fitting or repairing of hearing aids; except in the case of Accident or Injury.
5. Injury due to participation in a riot, or commission of a felony.
6. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
7. Injury or Sickness resulting from declared or undeclared war or any act thereof.
8. Injury or Sickness for which benefits are payable under Workers' Compensation or Occupational Disease Law.
9. Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Insured entering the armed forces of any country, we will refund the unearned pro rata premium to such Insured.
10. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
11. Elective treatment or elective surgery.
12. Cosmetic surgery except as the result of covered Injury occurring while the Policy is in force as to the Insured.
13. Injury sustained while participating in the play or practice of intercollegiate sports.
14. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance.
15. Any expense incurred for the treatment of Temporomandibular Joint (TMJ) Dysfunction Syndrome, including examination and fitting for the TMJ device, nutritional counseling and occlusal adjustment. However, benefits will be provided for the treatment of TMJ Dysfunction caused by documented

organic joint disease or joint damage resulting from physical trauma. Benefits for a TMJ appliance are excluded.

16. Expense incurred for: vasectomy; breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis and circumcision.
17. Expense incurred for infertility procedures and fertility tests.
18. Expense incurred for vitamins and anti-toxins, except as specifically stated.
19. Services and/or supplies, which are not Medically Necessary for the care and treatment of the Injury or Sickness, except as specifically provided.
20. Expense in excess of the Reasonable and Customary charge.
21. Pre-Existing Conditions. This exclusion will not apply if, during the period immediately preceding the Insured's Effective Date of coverage under the Policy, the Insured was covered under prior Creditable Coverage for twelve (12) consecutive months. This waiver of Pre-existing Conditions will apply only if the Insured becomes eligible and applies for coverage within sixty-three (63) days of termination of his or her prior coverage. This exclusion does not apply to Insured Persons under the age of nineteen (19).

SUBROGATION

If claims are incurred as a result of another person's negligence, the Company has the right to seek reimbursement in accordance with the Policy.

COORDINATION OF BENEFITS

When an Insured has coverage under other policies and/or plans, the Policy will coordinate payments from all sources of coverage so that the total amount paid does not exceed 100% of the allowable expenses incurred. Benefits available under the Policy may be reduced for the purposes of such coordination. This provision shall not apply to benefits payable for motor vehicle accident injuries.

CLAIM PROCEDURE

In the event of Injury or Sickness, the Insured should consult a doctor and follow his/her instructions.

Claim forms and instructions are available at the Student Health Service and all claim forms should be mailed to Consolidated Health Plans, Inc., 2077 Roosevelt Avenue, Springfield, MA 01104, Phone: (800) 633-7867. Written notice of claim must be given within thirty (30) days after the occurrence or commencement of any loss covered by the Policy. Bills for which benefits are to be paid must be submitted within ninety (90) days of the date of treatment. Whenever a claim for benefits is denied, you will receive a notice to this effect. If you feel your claim should not have been denied, you may submit any additional medical information to the Claims Administrator in support of your claim. Such request should be made in writing and submitted within sixty (60) days from the date you receive the denial notice. Upon receipt of your request, the Claims Administrator will reconsider the denial and inform you of the outcome.

CERTIFICATION OF COVERAGE

If an Insured is no longer eligible to be insured under this Plan, the Insured should request a Certificate of Coverage from Consolidated Health Plans. This request must include the name of the school and the name of each person who is no longer eligible to be insured under this Plan.

ANNUAL RATES (8/15/2013-8/15/2014)

Student Only	\$1,473
Student & One (1) Dependent	\$4,203
Student & Two (2) or More Dependents	\$6,158

Note: For additional rates, see the enrollment form. The above rates include an administrative fee.

Underwritten by
 Nationwide Life Insurance Company
Policy Number: 302-001-0711

For a copy of the Company's privacy notice go to:
www.consolidatedhealthplan.com/about/hipaa

Claims Administrator

Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104
Telephone (800) 633-7867
www.chpstudent.com
Group Number: S204197

Servicing Broker

University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454
Telephone (800) 437-6448
info@univhealthplans.com
www.universityhealthplans.com

VALUE ADDED SERVICES

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:
www.chpstudent.com